## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N07000006806

FILED May 08, 2009 Secretary of State

Entity Name: PALM BEACH COUNTY BEEKEEPERS ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business:

6567 PATRICIA DR 531 N. MILITARY TRAIL

WEST PALM BEACH, FL 33413 WEST PALM BEACH, FL 33415

Current Mailing Address: New Mailing Address:

6567 PATRICIA DR 531 N. MILITARY TRAIL

WEST PALM BEACH, FL 33413 WEST PALM BEACH, FL 33415

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARTMANN, UTE B HORNE, BRENDHAN J

6567 PATRICIA DR 5331 RÚTH DR

WEST PALM BEACH, FL 33413 US WEST PALM BEACH, FL 33415 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRENDHAN J. HORNE 05/08/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

: PD ( ) Delete Title: PRES (X) Change ( ) Addition

Name: HARTMANN, UTE B Name: HORNE, BRENDHAN J

 Address:
 6567 PATRICIA DR
 Address:
 5331 RUTH DR.

 City-St-Zip:
 WEST PALM BEACH, FL 33413
 City-St-Zip:
 WEST PALM BEACH, FL 33415

Title: VPD ( ) Delete Title: VICE (X) Change ( ) Addition

Name: HORN, BRENDHAN Name: KAHN, LEONARD

Address: 5331 RUTH DR Address: 6399 ROYAL PALM BEACH BLVD
City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: WEST PALM BEACH, FL 33412

Title: S ( ) Delete Title: SECR (X) Change ( ) Addition Name: RHUDA, CAROLYN Name: RUTH, LYNCH

Name:RHUDA, CAROLYNName:RUTH, LYNCHAddress:6567 PATRICIA DRAddress:2802 LAKE OSBORNE DRIVE

City-St-Zip: WEST PALM BEACH, FL 33413 City-St-Zip: LAKE WORTH, FL 33461

 Name:
 SOUHL, DEBBIE
 Name:

 Address:
 6567 PATRICIA DR
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33413
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDHAN J. HORNE PRES 05/08/2009